PHARMACARE NEWSLETTER

June 21, 2001
01-08

Web site: http://www.hlth.gov.bc.ca/pharme/newsletter/index.html

PLEASE CIRCULATE AMONG DISPENSING STAFF

Website

Please note that the website location has been corrected. It is as follows:
http://www.hlth.gov.bc.ca/pharme/newsletter/index.html

Dapsone tablets 100mg

At this time, Dapsone 100mg tablets are only available through Health Canada's Special Access Program (SAP).

Pharmacare may consider coverage on an exceptional basis through the Special Authority process, and in accordance with patient eligibility and deductible criteria.

Coverage for Dapsone will only be available for claims adjudicated through PharmaNet.

Transactions for this medication should be processed using PIN 66124088, and retroactive coverage will not be provided.

Sialor® (anetholetrithione)

Paladin Labs has acquired the license to distribute Sialor® (DIN 02240344) 25mg tablets in Canada. This product was formerly distributed by Solvay Pharma under DIN 01944320.

Methadone Update

(1) Methadone dispensed under the methadone maintenance program is subject to a maximum of one dispensing fee and one interaction fee per day (in cases where the interaction fee is applicable), regardless of physician administration instructions on the prescription.

(2) If a pharmacy has not signed the Methadone Addendum, and does not wish to enroll in the new payment program, reimbursement will be at actual acquisition cost to a maximum of $0.02/ml, in addition to the usual dispensing fee.

To dispense methadone, 1 mg/ml for maintenance, these pharmacies should also use PIN 66999990 where there is an interaction with the client, and use PIN 66999991 where there is no client interaction.

Note: the compounded narcotic PIN, 999776, is no longer eligible for dispensing methadone, whether or not the addendum has been signed. Claims using this PIN to dispense methadone, either for maintenance or for pain, will be subject to recovery upon audit.

(3) Payment to pharmacies for the interaction fee will occur, on average, 30 days after the end of the previous month and will be noted on your regular remittance form.

BENEFITS

The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F

DIN	MAN	DRUG NAME	Short Term	Long Term	Plan G Eligible	Palliative Care Eligible
2243045	AZC	Zomig Rapimelt® (zolmitriptan) tabs 2.5mg	Y			
2243727	PMS	PMS-Propafenone (propafenone HCl) tabs 150mg		Y		
2243728	PMS	PMS-Propafenone (propafenone HCl) tabs 300mg		Y		
2240344	UNK	Sialor® (anethole trithione) tabs 25mg	Y			
2243538	APX	APO-Labetalol (labetalol HCl) tabs 100mg		Y		
2243539	APX	APO-Labetalol (labetalol HCl) tabs 200mg		Y		
2243324	APX	APO-Propafenone (propafenone HCl) tabs 150mg		Y		
2243325	APX	APO-Propafenone (propafenone HCl) tabs 300mg		Y		

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LCA UPDATES

Correction:

Cholestyramine Regular Powder (Questran® 4G packet DIN 4648880) was incorrectly listed as a full benefit. Please note that this is a **PARTIAL** benefit.

Status Change from "P" (PARTIAL) to "F" (FULL)

DIN	MAN	BRAND NAME
2139189	NOP	Novo-cholamine® (cholestyramine sucrose)- pwr. 4g dose

Status Change: Niacin 100mg and 500mg

Effective May 24, 2001, Niacin tablets 100mg and 500mg have been removed from LCA, due to availability issues.

Monistat 7 Cream (DIN 2084309) and Monazole 7 Cream (DIN 2219476)

Effective immediately Monistat 7 Cream (DIN 2084309) has been designated "F" (Full) status. Monazole 7 Cream (DIN 2219476) by Technilab has been discontinued.

NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits on Plans A, B, C, E & F.

DIN	MAN	DRUG NAME	FULL/ PARTIAL	LCA Price	RDP Daily Cost	Short Term	Long Term	Plan G Eligible
2123274	SEV	Coversyl® (perindopril) tabs 2mg	P		0.8789		Y	
2123282	SEV	Coversyl® (perindopril) tabs 4mg	P		0.8789		Y	
2242974	KNR	Alti-Metformin Hydrochloride (metformin HCl) tabs 500mg	P	0.1249			Y	
2243518	PMS	PMS-Terazosin (terazosin hcl) tabs 1mg	P	0.3569			Y	
2243519	PMS	PMS-Terazosin (terazosin hcl) tabs 2mg	P	0.4554			Y	
2243520	PMS	PMS-Terazosin (terazosin hcl) tabs 5mg	P	0.6170			Y	
2243521	PMS	PMS-Terazosin (terazosin hcl) tabs 10mg	P	0.9008			Y	
2243180	APX	Apo-Feno-micro capsules (fenofibrate,micronized) caps 67mg	P	0.4439			Y	
2243551	NOP	NOVO-Fenofibrate caps 67mg	P	0.4439			Y	
2243552	NOP	NOVO-Fenofibrate caps 200mg	P	1.2452			Y	

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LIMITED COVERAGE DRUGS

Special Authority Only (criteria follows)

DIN	MAN	DRUG NAME	Short Term	Long Term
2242481	KNR	Alti-Zopiclone (zopiclone) tabs 7.5mg	Y	
2242814	APX	Apo-Lactulose (lactulose) soln 667mg/ml		Y
2243086	LIL	Zyprexa® Zydis (olanzapine) tab 5mg		Y
2243087	LIL	Zyprexa® Zydis (olanzapine) tab 10mg		Y

Alti-Zopiclone (zopiclone) tabs 7.5mg

Documentation from physicians that indicate patient-specific information will be considered for any new requests such as the following:

- positive HIV or AIDS patients
- patient with an identified psychiatric diagnosis
- patient intolerant to, or failed on, at least 3 specified benzodiazepines
- patient intolerant to, or failed on, at least 2 specified benzodiazepines and one other specified hypnotic agent
- patient with a history of drug or alcohol addiction
- fragile, elderly patient

Apo-Lactulose (lactulose) soln 667mg/ml

Lactulose solution will be available for treatment of portal systemic encephalopathy or liver failure.

Zyprexa® Zydis (olanzapine) tab 5mg & 10mg

Treatment of schizophrenia and other related psychosis based on the following criteria:

- treatment failure on one first-line neuroleptic
- any intolerable extrapyramidal side effect to a first-line neuroleptic (including extrapyramidal side effects that may interfere with compliance)
- acute dystonic reaction to any first-line neuroleptic
- any other idiosyncratic reactions to first-line drugs

DRUGS UNDER REVIEW

The following drug submissions are currently under review by Drug Benefit Committee of Pharmacare

alendronate (FOSAMAX®), resubmission
ancestim (STEMGEN®)
azithromycin (ZITHROMAX®), resubmission
botulinium toxin (BOTOX®)
desmopressin (DDAVP®) tablets, new indication
etanercept (ENBREL®)
filgrastim (NEUPOGEN®), new indication
gatifloxacin (TEQUIN®)
hydromorphone controlled release (HYDROMORPH CONTIN®), resubmission
levonorgestrel releasting intrauterine system (MIRENA®)
linezolid (ZYVOXAM®)
meloxicam (MOBIC®)
moetasone furoate (AZMAX Twisthaler®)
moxifloxacin (AVELOX®)
norethindrone acetate ethinyl estradiol(FemHRT®)
oxycodone controlled release (OXYCONTIN®), resubmission
peginterferon alfa-2b (PEG-INTRON®)
pramipexole (MIRAPEX®), resubmission
riluzole (RILUTEK®)
risedronate (ACTONEL®), new indication
testosterone (ANDRODERM®)
tizanidine (ZANAFLEX®), resubmission